

**SEC. 1931 APPLICANT AND RECIPIENT BUDGET FORM: FOR
DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME
ELIGIBILITY FOR APPLICANTS; AND FOR RECIPIENTS UNDER ALTERNATIVE B**

CASE NAME:				COUNTY DISTRICT:		COUNTY USE:	
<input type="checkbox"/> NEW APP. <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> CHANGE <input type="checkbox"/> RETRO ELIG. <input type="checkbox"/> CORRECTION				EFFECTIVE ELIG. DATE FOR THIS BUDGET:			
				MONTH: _____ YEAR: _____			
NAME MFBU MEMBER #1:			NAME MFBU MEMBER #6:			OTHER COVERAGE:	
NAME MFBU MEMBER #2:			NAME MFBU MEMBER #7:				
NAME MFBU MEMBER #3:			NAME MFBU MEMBER #8:				
NAME MFBU MEMBER #4:			NAME MFBU MEMBER #9:				
NAME MFBU MEMBER #5:			NAME MFBU MEMBER #10:				
1	ENTER NON-EXEMPT UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE DISABILITY INCOME HERE).	total mfbu unearned income: \$ _____	UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + _____ UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + _____		UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + _____ UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + _____		
2	<input type="checkbox"/> EDUCATIONAL EXPENSE (§50547)	- \$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):				
3	<input type="checkbox"/> \$50 SUPPORT RECEIVED (§50554.5)	- \$ _____					
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = \$ _____					
5	ENTER NON-EXEMPT DISABILITY INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT ENTER SDI & TWC HERE BECAUSE THEY ARE CONSIDERED EARNINGS)	total mfbu disability-based income: \$ _____	DBI OF MFBU MEMBER # _____ \$ _____ + _____ DBI OF MFBU MEMBER # _____ \$ _____ + _____		DBI OF MFBU MEMBER # _____ \$ _____ + _____ DBI OF MFBU MEMBER # _____ \$ _____ + _____		
6	\$240 DEDUCTION	- \$240					
7	REMAINING NON-EXEMPT DISABILITY INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	BOX 7 = \$ _____					
8	ENTER EARNINGS OF EACH MFBU MEMBER, SUBTRACT \$90 WORK EXPENSE DEDUCTION FROM EACH, THEN TOTAL REMAINDERS FOR MFBU.	total mfbu earnings: \$ _____	earnings, mfbu member # _____ \$ _____ - \$90 WRK EXP DED = \$ _____	earnings, mfbu member # _____ \$ _____ - \$90 WRK EXP DED = \$ _____	earnings, mfbu member # _____ \$ _____ - \$90 WRK EXP DED = \$ _____	earnings, mfbu member # _____ \$ _____ - \$90 WRK EXP DED = \$ _____	
9	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (§50553.5)	\$ _____	13	<input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (§50558)		- \$ _____	
10	REMAINING NON-EXEMPT EARNED INCOME	BOX 10 = \$ _____	14	<input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (§50557)		± \$ _____	
11	TOTAL REMAINING INCOME: NON-EXEMPT UNEARNED INCOME & NON-EXEMPT EARNED INCOME (LINES 4 + 7 + 10)	\$ _____	15	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR).		= \$ _____	
12	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (§50554)	- \$ _____	16	SEC. 1931 FPL INCOME LIMIT FOR FAMILY		\$ _____ (ENTER FPL INCOME LIMIT APPROPRIATE FOR FAMILY SIZE HERE)	
IF INCOME FROM LINE 15 IS LESS THAN OR EQUAL TO LIMIT FROM LINE 16, FAMILY IS INCOME ELIGIBLE.		<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDICAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.				
ELIGIBILITY WORKERS SIGNATURE:		worker number:	COMPUTATION DATE:		COUNTY USE:		